

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39557

Entity Name: LAWNWOOD PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7803 LAKESIDE WAY
FORT PIERCE, FL 34951

Current Mailing Address:

P.O. BOX 306
FORT PIERCE, FL 34954 US

FEI Number: 65-0680310

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCCARTY, JAMES ESQ.
2630-A NW 41ST STREET
GAINESVILLE, FL 32606 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES MCCARTY

04/11/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name RICHARDSON, LYNDA
Address P.O. BOX 306
City-State-Zip: FORT PIERCE FL 34954

Title VP, TREASURER, DIRECTOR
Name NEIDHARDT, ROBERT
Address P.O. BOX 306
City-State-Zip: FORT PIERCE FL 34954

Title SECRETARY, DIRECTOR
Name DIXON, DOT
Address P.O. BOX 306
City-State-Zip: FORT PIERCE FL 34954

Title DIRECTOR
Name SAVAGE, EUGENE
Address P.O. BOX 306
City-State-Zip: FORT PIERCE FL 34954

Title DIRECTOR
Name ORDONEZ, CHRISTINA
Address P.O. BOX 306
City-State-Zip: FORT PIERCE FL 34954

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DOT DIXON

SECRETARY

04/11/2015

Electronic Signature of Signing Officer/Director Detail

Date